

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

You may name anyone you wish as your beneficiary. However, **if you are married and you name someone other than your spouse as beneficiary for all or part of the benefits payable, your spouse must consent to the beneficiary designation and complete the Spousal Consent section.** If your spouse does not complete the Spousal Consent section, your beneficiary will be your spouse, even if you designate a different beneficiary on this form. Remember that changes in marital status may affect your beneficiary designations, so be sure to keep your designation current.

**Submit this completed form to your plan administrator.**

**Beneficiary Designation**

I name the following individual(s) to receive my plan benefits in the event of my death in accordance with the terms of the plan. This beneficiary designation cancels and replaces all prior designations and settlement agreements which I have made under the plan. Benefits will be paid to my primary beneficiary(ies), if living. Benefits will be paid to my contingent beneficiary(ies) only if none of my primary beneficiaries are living.

Percentages must be whole percentages and total 100% for Primary Beneficiary(ies), **AND** Percentages below must be whole percentages and total 100% for Contingent (Secondary) Beneficiary(ies), if any.

**Primary Plan Beneficiary(ies)** - Will receive benefits in the event of your death.

BENEFICIARY NAME(S) AND ADDRESS(ES)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TOTAL OF BENEFITS (100.0%)
				_____0%
				_____0%
				_____0%
				_____0%

**Contingent Plan Beneficiary(ies)** - Will receive benefits if no primary beneficiary is living at the time of your death.

BENEFICIARY NAME(S) AND ADDRESS(ES)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TOTAL OF BENEFITS (100.0%)
				_____0%
				_____0%
				_____0%
				_____0%

**NOTE: If you do not designate a percentage for your primary beneficiaries, the benefit will be equally divided among your primary beneficiaries who survive you. If no primary beneficiary survives you and you do not designate a percentage for your contingent beneficiaries, the benefit will be equally divided among your contingent beneficiaries who survive you. If no beneficiary survives you, benefits will be paid as provided under the plan.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed at (City and State): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name (Please print): \_\_\_\_\_

**The City Facilities Management (US) LLC 401(k) Plan  
Beneficiary Form**

**SOCIAL SECURITY NO.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Spousal Consent - This section must be completed if your spouse is not designated (100%) as Primary Beneficiary.**

I, spouse of \_\_\_\_\_, hereby consent to the designation of the beneficiary(ies) named on this form. I understand that my spouse has designated someone other than (or in addition to) myself as a beneficiary to receive benefits under this plan. I understand the financial impact of this designation. I also understand that my consent to this designation is irrevocable.

If the plan includes joint and survivor provisions, by signing below, I hereby waive all rights to the pre-retirement survivor benefit with respect to that portion of the plan benefits payable to a beneficiary other than myself.

Spouse Name (Please Print): \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Public or Plan Representative Signature Required:**

Subscribed and sworn to me before this: \_\_\_\_\_ day of: \_\_\_\_\_

Signature: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_